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Bib Data Sheet

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| SERIAL NUMBER 07/741,575 | FILING OR 371(c) DATE 08/07/1991 RULE | CLASS 315 | GROUP ART UNIT 2502 | ATTORNEY DOCKET NO. |
| APPLICANTS OLE K. NILSSEN, BARRINGTON, IL; | | | | |
| ** CONTINUING DATA ***** This application is a CON of 07/548,197 07/05/1990 PAT 5,083,255 which is a CON of 06/667,691 11/02/1984 ABN which is a CIP of 06/487,817 04/22/1983 PAT 4,506,318 | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 08/21/1991 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____ | | STATE OR COUNTRY IL | SHEETS DRAWING 2 | TOTAL CLAIMS 20 |
| | | | | INDEPENDENT CLAIMS 1 |
| ADDRESS OLE K. NILSSEN 200 N. HARRISON ST, SUITE 103 ALGONQUIN, IL60102 | | | | |
| TITLE HIGH-FREQUENCY POWER SUPPLY FOR INCANDESCENT LAMP | | | | |
| FILING FEE RECEIVED 0.00 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |